



**STATE OF MONTANA
DEPARTMENT OF CORRECTIONS
POLICY DIRECTIVE**

Policy No. DOC 4.5.20	Subject: EMERGENCY MEDICAL SERVICES
Chapter 4: FACILITY/PROGRAM SERVICES	Page 1 of 3
Section 5: Health Care for Secure Facilities	Effective Date: Jan. 1, 1998
Signature: /s/ Bill Slaughter, Director	Revision Date: 04/18/06

I. POLICY

The Department of Corrections facility health care units will ensure that offender emergency medical services are available 24 hours-a-day.

II. APPLICABILITY

The secure facilities that include Riverside and Pine Hills Youth Correctional Facilities, Montana State Prison, Montana Women's Prison, Treasure State Correctional Training Center, and the private and regional facilities contracted to the Department of Corrections.

III. REFERENCES

- A. *National Commission on Correctional Health Care Standards, 2003*
- B. *ACA Standards for Juvenile Correctional Facilities, 2003*

IV. DEFINITIONS

Emergency Care – Health care for an acute illness or an unexpected health need that cannot be deferred until the next scheduled sick call or clinic.

Health Care Staff – Includes licensed health care providers and non-licensed health care staff (e.g., medical records staff, health care aides) responsible for offender health care administration and treatment.

Health Care Providers – Licensed health care providers (e.g., physicians, nurses, psychiatrists, dentists, and mental health practitioners), including contracted or fee-for-service providers, responsible for offender health care and treatment.

V. DEPARTMENT DIRECTIVES

A. Training

1. All health care staff will be trained in cardiopulmonary resuscitation (CPR) and emergency medical response procedures.
2. All correctional staff will be trained in CPR, the recognition of medical emergencies, the location of first response emergency equipment, and procedures to obtain emergency assistance. First aid supplies will be available in each housing unit and replenished after use.
3. Facilities will:

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- a. conduct drills to identify areas for improvement; and
- b. document actual drill events or critiques to address response time, staff actions, and recommendations for improvement.

B. Emergency Response

1. Staff will immediately respond to emergencies with appropriate equipment.
2. In response to an emergency, trained personnel must assess the offender's health status and, when possible, stabilize the offender's condition.
3. Health care providers must respond to medical emergencies in accordance with specified protocols.

C. Emergency Services

1. Health care staff will have a written plan for accessing emergency services that includes the following:
 - a. emergency patient transport from the facility;
 - b. use of an emergency medical vehicle;
 - c. use of one or more designated hospital emergency departments or other appropriate facilities;
 - d. emergency on-call physician, mental health, and dental services when the emergency health care facility is not located nearby;
 - e. security procedures for the immediate transfer of patients for emergency medical care; and
 - f. notification of the facility administrator.
2. Health care staff will regularly check the availability of emergency supplies.

D. Documentation

1. Health care staff will record the date and time of the emergency response in the offender's health record, include assessment and treatment information, and sign the document.

E. Transportation

1. When necessary to transport the offender to an off-site health care facility, the following guidelines will determine the appropriate mode of transportation:
 - a. an ambulance will be used if the emergency is life threatening or deemed necessary by attending staff; or
 - b. the facility will transport or arrange transportation for ambulatory offenders in non-emergent situations.

F. Written Information

1. Health care staff will provide, when possible, written information to emergency medical technicians that includes:

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- history of the emergency condition
- treatment given
- present status with most recent vital signs
- suspected diagnosis
- allergies
- other pertinent information

G. Resuscitation

1. If staff initiates resuscitation measures, they will continue to resuscitate until they transfer the offender's care to emergency personnel or a physician makes a finding of death.

VI. CLOSING

Questions concerning this policy should be directed to Department the medical director.